



# COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 437  
LOS ANGELES, CALIFORNIA 90012



**MARK J. SALADINO**

TREASURER AND TAX COLLECTOR

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June 29, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

FILED  
JUL 27 11 01  
COUNTY OF LOS ANGELES

## **REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED – 3 VOTES)**

### **IT IS RECOMMENDED THAT YOUR BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10999955 in amount of \$29,630.22  
Account Number 10754873 in amount of \$22,988.51  
Account Number 10958442 in amount of \$164,446.00  
Account Number 10958440 in amount of \$265,211.00

### **JUSTIFICATION:**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

**IMPLEMENTATION OF STRATEGIC PLAN GOALS:**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

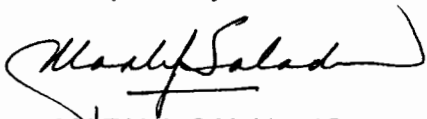
**FISCAL IMPACT:**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

**PURPOSE OF RECOMMENDED ACTION:**

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO  
Treasurer and Tax Collector

MJS:SFJ:ts  
X:Comp.84

Attachments

c: Chief Administrative Officer  
County Counsel

APPROVED  
RAYMOND G. FORTNER, JR.  
County Counsel

by   
Principal Deputy County Counsel

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 84A  
DATE: June 29, 2006

Amount of Aid	\$48,901.00	Account Number	10999955
Amount Paid	0.00	Name	Adult Female
Balance Due	48,901.00	Service Date	02/14/05 to 03/02/05
Compromise Amount Offered	29,630.22	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$19,270.78	Service Type	Inpatient/Outpatient

### JUSTIFICATION

The client was involved in a trip and fall accident. She was treated at Harbor UCLA Medical Center at a cost of \$48,901.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$40,000.00	\$ 32,733.33	32.73%
Attorney Cost	1,800.00	1,800.00	1.80%
South Bay Home Health	81.19	52.00	0.05%
Visco Pad	110.79	68.00	0.07%
LAX Medical Group Physical Therapy	660.00	402.00	0.41%
Orthopedic Care Center	1,505.00	913.00	0.91%
Aquatic Rehabilitation	225.00	137.00	0.14%
Wellton Physical Therapy	2,540.00	1,531.11	1.53%
County of Los Angeles	48,901.00	29,630.22	29.63%
Net to Client	N/A	32,733.34	32.73%
<b>Total</b>	<b>\$95,822.98</b>	<b>\$100,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and is supported by her son. She has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 84B  
DATE: June 29, 2006

Amount of Aid	\$44,674.00	Account Number	10754873
Amount Paid	0.00	Name	Adult Male
Balance Due	44,674.00	Service Date	03/19/03 to 06/16/03
Compromise Amount Offered	22,988.51	Facility	LAC USC Medical Center
Amount to be Written Off	\$21,685.49	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in a trip and fall accident. He was treated at LAC USC Medical Center at a cost of \$44,674.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$75,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$30,000.00	\$30,000.00	40.00%
Attorney Cost	2,057.27	2,057.27	2.74%
Cedar Sinai Medical Center	812.90	792.00	1.05%
City of Beverly Hills	587.15	500.00	0.67%
California Ortho Clinic	1,944.00	1,400.00	1.87%
County of Los Angeles	44,674.00	22,988.51	30.65%
Net to Client	N/A	17,262.22	23.02%
<b>Total</b>	<b>\$80,075.32</b>	<b>\$75,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is self-employed and supports himself with a marginal income. He has no other source of income or tangible assets.

### DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 84C  
DATE: June 29, 2006

Amount of Aid	\$246,669.00	Account Number	10958442
Amount Paid	0.00	Name	Adult Male
Balance Due	246,669.00	Service Date	03/03/05 to 04/11/05
Compromise Amount Offered	164,446.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 82,223.00	Service Type	Inpatient

### JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Harbor UCLA Medical Center at a cost of \$246,669.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$500,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$166,670.00	\$166,670.00	33.33%
Attorney Cost	387.99	387.99	0.08%
City of Los Angeles Fire Department	798.00	798.00	0.16%
County of Los Angeles	246,669.00	164,446.00	32.89%
Net to Client	N/A	167,698.01	33.54%
<b>Total</b>	<b>\$414,524.99</b>	<b>\$500,000.00</b>	<b>100.00%</b>

Our financial statement reveals that the client is unemployed and receives support from family and friends. He has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 84D  
DATE: June 29, 2006

Amount of Aid	\$324,027.00	Account Number	10958440
Amount Paid	0.00	Name	Adult Male
Balance Due	324,027.00	Service Date	01/13/05 to 03/03/05
Compromise Amount Offered	265,211.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 58,816.00	Service Type	Inpatient

### JUSTIFICATION

The client was injured on private property. He was treated at Harbor UCLA Medical Center at a cost of \$324,027.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$1,000,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$300,000.00	\$ 300,000.00	30.00%
Attorney Cost	753.83	753.83	0.08%
Northridge Hospital	70,697.89	56,558.31	5.66%
Dr. Darakjian Armond	400.00	400.00	0.04%
Dr. Saad Ali	2,400.00	1,920.00	0.18%
Adult & Child Neurology Medical Assoc.	600.00	600.00	0.06%
County of Los Angeles	324,027.00	265,211.00	26.52%
Net to Client	N/A	374,556.86	37.46%
<b>Total</b>	<b>\$698,878.72</b>	<b>\$1,000,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports himself and a family of fourteen with a marginal income. He has no other source of income or tangible assets.